

CONSENT TO TREAT A MINOR CHILD

I hereby authorize the doctors of BACK to Health Chiropractic of Oregon, and whomever they may designate as assistants to administer chiropractic care as they deem necessary to my _____(indicate relationship of child)

Name of child _____

Dated at _____, _____

City

State

This _____ day of _____ 20____

Signed: _____

(parent or guardian)

Witnessed by : _____